		TATES DIS N DISTRIC					U.S. DISTRICT COUF	RT - N.D. OF N.Y. ED	
De	ENN	is Nei	SON Plaint	iff(s))))	INMATE CIVIL RIGHTS	ATO'CLO Lawrence K. Baerma	CK	•
BA	Li AN	Vs. Doughē	Rty ET	L.Al))	COMPLAIN PURSUAN 42 U.S.C. §	т то		
-				· · · · · · · · · · · · · · · · · · ·)		No.: 9: 10-CV-		
	Plain	tiff(s) in the a	above-cap	tioned action,	, allege(s) as f	ollows: In	MENENT d	angero	C
				JURISDIC		SER	ious physi	cal Inte	iry
1.	pursu	guaranteed ant to 42 U.	l by the Co S.C. § 198	nstitution of tl	he United Stat has jurisdiction	es. This action	and protect the on is brought stion pursuant		
				PARTIE	ES				
2.		Plaintiff:	DEA	JNJ3	Nelson	N			
		Address:	Po	Box	3600				
			old	RIVER	HU COQ 2 Rd 1 1340		<i>4.4</i> 9 -		
		Additional P			on a separate				
		, idayilona i		y be added (on a separate	sneet or pape	er.		
3.	a.	Defendant: Official Pos Address:	sition:	BRIAN RN ROX S	NURSE	horty			
	•		MAR	cy cork	Z. Faci	Thitp	-		
			Marc	l .	13403	-5000	T omorous Toganos Populas		•

	Defendant:
	Official Position: NURSE Administrator
	Address: +0 (60x 5000
	MARCY CORR Facility
	MARCY NY 13403-5000
c.	Defendant: CARL J. KOEN igs many MD Official Position: Dept commissioner/chief MEdical officer
	Official Position: Dept commissioner/chief ME
	the dical officer
	Address: 1720 WAShington AVE CAMPUS #2 DEPT OF CORRECTIONAL SERVICES
	Albany, N.Y 12226 - 2050
	The COO
Addi	itional Defendants may be added on a separate sheet of paper.
	of a second of a separate sheet of paper.
	PLACE OF PRESENT CONFINEMENT
a.	Is there a prisoner grievance procedure at this facility?
	Yes () No
b.	If your answer to Alol in VEC and
	If your answer to 4(a) is YES, did you present the facts relating to your complaint in this grievance program?
• .	If your answer to 4(b) is YES:
	(i). What steps did you take?
	Exhaust Administrated
	DENO STRATED
	(ii) What was the final result of your grievance?
•	Violat was the iniai result of your grievance?
•	ANT WELLOW
	UNE 767
• • • • • • • • • • • • • • • • • • • •	

Form E (2) (a) 2

	If your answer to 4(b) is NO:
	Why did you choose to not present the facts relating to your complaint in the prison's grievance program?
•	
C.	If there is no grievance procedure in your institution, did you complate to prison authorities about the facts alleged in your complaint?
	(XYes () No
	If your answer to 4(c) is YES:
	(i) What steps did you take?
	Exhaust administrated
	REMEINES
1.1.	
	(ii) What was the final result regarding your complaint? Tust Filled it 2)
	Days Ago
	en en julius de la composition de la c La composition de la
	If your answer to 4(c) is NO:
•	Why did you choose to not complain about the facts relating to your complaint in such prison?
	PREVIOUS LAWSUITS
a.	Have you ever filed any other lawsuits in any state and federal court relating to your imprisonment?
•.	(<u>X</u>) Yes () No
b.	If your answer to 5(a) is YES you must describe any and all lawsuits, currently pending or closed, in the space provided on the next page

Form E (2) (a) . 3

For **EACH** such lawsuit, provide the following information:

i.	Parties to previous lawsuit:
	Plaintiffs: DENNIS Nelson
	Defendants: Elizabeth WORREN
ii.	Court (if federal court, name District; if state court, name County:
	FEDERAL COURT
iii.	Docket number: 9: 10-CV 00 990
iv.	Name of Judge to whom case was assigned:
	GLENN T. Suddaby & REFERRED TO: David R. HOMER
v .	Disposition (dismissed? on appeal? still pending?)
	Still pending
vi.	Approximate date of filing prior lawsuit:
	<u>8/17/2010</u>
vii.	Approximate date of disposition:
	12/20/2010
en e	
)	FACTS
our civil and/or Co	facts of your case which substantiate your claim of violation of postitutional rights. List the events in the order they happened, involved, dates and places.
defendant in	clude allegations of wrongful conduct as to EACH and EVERY your complaint. (You may use additional sheets as necessary.)
IAM	Filing This LAWSait BECAUSE
IMI	N (IMMENENT danger of SERIOUS)
physical	INTURY) TO MY LEG AND
THESE'S	detendants Talking The ONLY
Thing	They CAN do is to Amoutate
My LE	GS THERE IS NOTHING Elso They
CANdo	To save my Leg so Thats
	Form E (2) (a) . 4
the state of the s	

Why to Filials This LAWSWITE TA	
Why I'm Filing This hAWSUITE IN Suing Them FOR THE Amount of \$9999.99	
A PIECE FROM Each defendants	
7. CAUSES OF ACTION	
Note: You must clearly state each cause of action you assert in this lawsuit.	
FIRST CAUSE OF ACTION	
I wish you GRANT ME FOR MY	
LAW Suite FOR THE IMMENENT CLANGER OF	
SERious physical INTURY That I Have	
To Go Through To GET THE Right	
TREATMENT AND HAVE THEM THE ONLY	
Thing HE can do is To Amputate my LETTLEG	
SECOND CAUSE OF ACTION TREQUEST FOR THE COURT TO SEND.	•
ME TO Walsh REGIONAL MEdical UNIT	
By Mohawk CORRECTIONAL FACILITY FOR	
Teatment To Try To save my	
LEST LES	. •
THIRD CAUSE OF ACTION	
TO SEND ME TO WENDE COPP.	
Facility IN AldEN. NY dOWN BY	
Buttalo New York BECAUSE THE	: .
HOVE A BRAND NEW HOSPITAL Where,	

8. Plaintiff(s) demand(s) a trial by

Jury -or- Court (Circle only one).

9. PRAYER FOR RELIEF

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

T PRAY FOR RELIET' FOR THE COURT

TO GRANT ME MY LAWSUNTE AND GRANT

ME FOR THE AMOUNT OF \$9,99,99 AGRINST

3 DEFENDENT A PIECE AND TO SEND ME TO

WENDE CORR. FOCILITY FOR THE Special NEEDS and

IN ALDEN, MY WHERE THEY HAVE A HOSPITAL TO SOUTE

MY I declare under penalty of perjury that the foregoing is true and correct.

DATED: EC 23 Rd 2010

Signature of Plaintiff(s) (all Plaintiffs must sign)